

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6522-62-024938  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUL 6 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>St. Louis  |   | c. CITY OR TOWN St. Louis   |  |
| Length of stay in 1b years  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 1036 Bittner Street                                      |   | d. STREET ADDRESS (If outside, give location)<br>1036 Bittner Street  |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>Rose Martin   |   | 4. DATE OF DEATH<br>Month Day Year<br>July 1 1962   |  |
| 5. SEX<br>female  | 6. COLOR OR RACE<br>white   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br>3-25-1886  |
| 9. AGE (last birthday)<br>76  |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Practical Nurse                          |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>Missouri Baptist Hosp.   |  |
| 11. BIRTHPLACE (City and state or country)<br>Washington, Mo.   |   | 12. CITIZEN OF WHAT COUNTRY<br>U.S.A.   |  |
| 13a. FATHER'S NAME<br>Joseph Bentmann   |   | 13b. MOTHER'S MAIDEN NAME<br>Helen Hoelscher  |  |
| 14. NAME OF HUSBAND OR WIFE<br>deceased   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no or unknown. If yes, give war or dates of service)<br>No   |  |
| 16. SOCIAL SECURITY NO.   |   | 17. INFORMANT<br>Mr. Joseph Steinsiek, 317 Hawkesbury Dr  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Myocardial infarction         |   | INTERVAL BETWEEN ONSET AND DEATH<br>1 hour  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) Arteriosclerotic heart disease |   | 1 year  |  |
| DUE TO (c) 420.0  |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)       |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                       | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.   | Month, Day, Year  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 20f. CITY, TOWN, OR LOCATION  | COUNTY STATE   |
| 21. I attended the deceased from 1960 to 4/25/62 7/1 and last saw her alive on 4/25/62  |   | Death occurred at 7 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.   |  |
| 22a. SIGNATURE (Degree or title)<br>W. A. Wright  |   | 22b. ADDRESS<br>4161 Lindell Blvd., St. Louis 8   |  |
| 22c. DATE SIGNED<br>7/2/62  |   |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   | 23b. DATE<br>July 3, 1962   | 23c. NAME OF CEMETERY OR CREMATORY<br>Calvary Cemetery  | 23d. LOCATION (City, town, or county) (State)<br>St. Louis, Missouri |
| 24. FUNERAL DIRECTOR<br>Math Hermann & Son, Inc., 2161 E. Fair Av<br>St. Louis, 7, Missouri   |   | 25. DATE RECD. BY LOCAL REG.<br>JUL 2 1962  |  |
| 26. REGISTRAR'S SIGNATURE<br>H. Smith, M.D.   |   |   |  |

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Julius R Brown*

Licensed Embalmer No.

*5146*

P. O. Address

*St Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.